Image# 28930573793

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

☐ (Check if name is changed)

Example: If typyling, type over the lines

12FE4M5

Democratic Party of Wisconsin

ADDRESS (number and street)

☐ (Check if address is changed)

222 W. Washington Avenue

Suite 150

Madison   **WI**   **53703** –

CITY▲   STATE▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

meaganm@wisdems.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.wisdems.org

COMMITTEE'S FAX NUMBER

805-255-8819

2. DATE   M M **0 2** / D D **0 5** / Y Y Y Y **2 0 0 8**

3. **FEC IDENTIFICATION NUMBER**   **C** **C00019331**

4. IS THIS STATEMENT   X   NEW (N)   **OR**   ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer   **Michael F. Childers**

Signature of Treasurer   Electronically Filed by   **Michael F. Childers**   Date   M M **0 2** / D D **0 5** / Y Y Y Y **2 0 0 8**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

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(Revised 02/2003)

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5.   TYPE OF COMMITTEE (Check One)

(a)   ☐   This committee is a principal campaign committee. (Complete the candidate information below.)

(b)   ☐   This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
Candidate

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Candidate
Party Affiliation   [   ]   Office Sought: ☐ House   ☐ Senate   ☐ President   State   [   ]

District   [   ]

(c)   ☐   This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(d)   ☒   This committee is a   **STA**   (National, State (or subordinate) committee of the   **DEM**   (Democratic, Republican,etc.) Party.

(e)   ☐   This committee is a separate segregated fund

(f)   ☐   This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6.   **Name of Any Connected Organization or Affiliated Committee**

2008 Battleground Fund

Mailing Address   **430 S. Capitol Street SE**

Washington   **DC**   **20008** –

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship   **Joint Fundraising Committee**

Type of Connected Organization:

☐   Corporation   ☐   Corporation w/o Capital Stock   ☐   Labor Organization

☐   Membership Organization   ☐   Trade Association   ☐   Cooperative

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Write or Type Committee Name

Democratic Party of Wisconsin

7. **Custodian of Records:**   Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name   **Meagan Mahaffey**

Mailing Address   **222 W. Washington Avenue**

Suite 150

Madison   **WI**   **53703** _ _____

Title or Position ▼   CITY ▲   STATE▲   ZIP CODE ▲

Executive Director   **608**   **260**   **2405**

Telephone number _____ _ _____ _ _____

8. **Treasurer:**   List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer   **Michael F. Childers**

Mailing Address   **222 W. Washington Avenue**

Suite 150

Madison   **WI**   **53703** _ _____

Title or Position ▼   CITY ▲   STATE▲   ZIP CODE ▲

Treasurer   **608** _ **260** _ **2405**

Telephone number

Full Name of
Designated
Agent

Mailing Address

_ _____

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone number _____ _ _____ _ _____

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9.   **Banks or Other Depositories:**   List all banks or other depositories in which the committee deposits funds, holds accounts, rents
     safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M&I Bank

Mailing Address   **4726 East Towne Blvd.**

                       Suite 260

                       Madison   **TN**   **53704** –

                              CITY ▲   STATE ▲   ZIP CODE   ▲

Name of Bank, Depository, etc.

Mailing Address

                              CITY ▲   STATE ▲   ZIP CODE   ▲